(090) Project Update Information		FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	448018
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data	line <030> 6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data	line <030> cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	100000.80
-2025	, , , , , , , , , , , , , , , , , , , ,	20130 70
<203>	Total Mobility Fund Support Disbursed	99130.79
<210>	Actual Completion Date	07/28/2015
(210)	Actual completion bate	3.7,20,203
<211>	Project Status Description (attached)	448018_PSD_TX.pdf
\2117	Troject Status Bescription (attached)	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF,	, on line
	211, contains a project status pursuant to §54.1005(b)(2)(v). The i	nformation
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓ ·
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	√
		
<218>	Network will Support 3G/4G Mobile Service ?	

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	Form 690
(101) Certification - Reporting Carrier	
	roved by OMB
	B Control No. 3060-1185
	e 7 of 8

<010>	Study Area Code	448018
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reportin	ng carrier; my responsibilities in	clude ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the attachments is accurate.
Name of Reporting Carrier: Texas 1		
	CERTIFIED ONLINE	Date 06/29/2018
rinted name of Authorized Officer:	Chad Strausbaugh	
itle or position of Authorized Officer:	Staff Counsel	
elephone number of Authorized Officer:	6105356474 ext.	
Study Area Code of Reporting Carrier:	448018	Filing Due Date for this form: 07/02/2018

	A 35 K 1 1
FCC Form 690	100000000000000000000000000000000000000
(102) Certification - Agent / Carrier	a contract of
inzitennication • Architatoria de la companya de l	7.0
	200
Approved by OMB	Administration of the second
이는 사용을 들었다면 하는 이번에는 사용을 가는 것이 되었다면 생각이 있는 것은 것이 없는 것이 없는 것이 없었다. 그는 것이 없는 사용을 하는 것이 되었다는 것이 없는 것이었다면 없는 것이 없는 것이었다면 없는 것이 없는 것이었다면 없는 것이었다면 없는 것이 없는 것이었다면 없어요.	4.00
그게 있는데, 네티워 그렇게 그렇게 이 전에 한 경우는 그 살이 되면 이렇게 되었다면 하게 되었습니다. 그리고 그렇게 그렇게 되었는데, 그리고 그렇게 되었는데, 그리고 그렇게 되었는데, 그리고 그렇게 되었다면 그렇게 되었다면 그렇게 그렇게 그렇게 그렇게 그렇게 되었다면 그렇게 되었다면 그렇게 되었다면 그렇게 되었다면 그렇게 되었다면 그렇게 되었다면 그렇게	1000
OMB Control No. 3060-1185	4 4 4
는 사람들이 보면 사람들이 되었다면 사람들이 되었다면 보면 사람들이 사람들이 되었다면 보다 되었다면 보다 되었다면 보다 되었다면 보다는 것이다. 그는 사람들이 사람들이 사람들이 사람들이 되었다면 보다는 사람들이 되었다면 보다는 것이다.	444
Page 8 of 8	A section of the sect
	7.77.7

<010>	Study Area Code	448018
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am auth reported herein based on data provided by the reporting	orized to submit the reports for Mobility Fund recipients on behalf carrier; and, to the best of my knowledge, the information reported	of the reporting carrier; I have provided the data d herein is accurate.		
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:		Date:		
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Ager	t			
Telephone number of Authorized Agent or Employee of A	gent:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form	can be punished by fine or forfeiture under the Communications Act of 193 18 of the United States Code, 18 U.S.C. § 1001.	4, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title		

Attachments

(060) Coverage and Performance Report

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448018
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<b2> <63> <c1> <c3> <d>> <al> <a2> <a3> <bi><bi>< <c2> Certify that Total Road Coverage and Road Miles Resident **Total Resident** Miles Performacne per Census Population Population **Road Miles** covered per Resident data is uploaded Block Newly Newly Reached . Reached by per Census Census Block Population per (yes/no) by Service Block Reached County Limestone Service Census Block State Census Block 0000 Yes 0.0 0.0 0.0 TX

> Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

0			

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448018

County/State: Limestone, TX
Total Award Amount: \$100,000.80

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

			FCC Form
Mobility	Fund		Approved by OMB
1 -	§54.1009 Annual Reporting		OMB 3060-1185
L	lection Form		Avg. Burden Estimate per Respondent: 18 Hours
Data Co	ection rotti		
<010>	Study Area Code	448019	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	Accepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Accepted / Filed Jun 29 2018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	Onice of the Secretary
William State Control			
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	1 <040>
	<041> Attach a description of the documents fil	ed with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area co.	ver tribal lands? Yes or No)	\circ

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	448019	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this	s data Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified	in data line <030> 6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	din data line <030> cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder		
<110>		7235110	
		exas 10, LLC	
<111>	Timig carrier remains	exas 10, LLC	
<112>	-	000 West Valley Road, Suite 600	
<113>	Succession and Control and Con		
<114>	- City	layne	
<115>	State	A	
<116>	Zip-Code	9087	
<117>	Telephone Number	5105356474 ext.	
<118>	Fax Number	5106885209	
<119>	Email Address	estrausbaugh@cellonenation.com	
<120> <121> <122> <123> <124> <125> <126> <126> <127> <128>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number	thad Strausbaugh Texas 10, LLC THO West Valley Road Suite 600 Rayne PA 19087 5105356474 ext. 5106885209 cstrausbaugh@cellonenation.com	
<130> <131> <132> <133> <134>	Company Street Address (or PO Box) City		
<135>			
	· · ·		
<136>			
<137> <138>			

f ,

(060) Cov	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448019	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>_	Coverage and Performance Report Year 08/2017 - 07/2018		
	448019_CPRd	_TX.zip	

Coverage and Performace attachments

1>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance da is uploaded (Yes/no)
	State	County	CENSUS DIGEN							
									 	
						ļ.,	 		 	
				;	see attach	<u>led works</u>	heet	<u> </u>		
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	<u> </u>	+				 				
	L			0	·]	<u> </u>		0		
		Populat	ntage of Total ion Reached by			Percentage Road Miles by Ser	covered			

|--|

<010>	Study Area Code	448019
	Study Area Name	Texas 10, LLC
<015> <020>	Program Year	2018
	The second secon	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	Certification of Officer or En	nployee as to Compliance with 47	CFR §54.1009(a)(4)	
certify that I am an officer or employee of orm and in any attachments is accurate.	the reporting carrier; my respo	onsibilities include ensuring compliance v	with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier: Texa	s 10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/29/2018
Printed name of Authorized Officer:	Chad Strausbaugh			
itle or position of Authorized Officer:	Staff Counsel			
elephone number of Authorized Officer:	6105356474 ext.			
itudy Area Code of Reporting Carrier:	448019	Filing Due Date for this form:	07/02/2018	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent) carrier. I also certify that I am an officer or employee of the repo authorized agent; and, to the best of my knowledge, the reports	is authorized to submit the information reported on behalf of the reporting orting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be pu un	nished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment Ider Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

e Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
omit the certification on behalf of the reporting carrier; I have provided the data reported herein based or dge, the information reported herein is accurate.
Date:
Filing Due Date for this form:

)80) Triba	l Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448019	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding thi	is data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified	d in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified	d in data line <030>	cstrausbaugh@cellonenation.com	
<142>	State _	<u>-</u>		
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
	- 			
<145>	Tribal Government Engagement Obligation	Name of Attached Docum	nent (.pdf)	
	If your company serves Tribal lands, please select (Yes, N each of these boxes to confirm the status described on the PDF, on line 145, demonstrates coordination with the Trigovernment pursuant to § 54.1004 includes:	he attached	r	
			Select	
			s No Not Applicable)	

		(Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Projec	t Update information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	44000
<015>	Study Area Name	448019 Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	
<200> <201> <202>	Date Authorized to Receive Support Targeted Completion Date Total Mobility Fund Support Awarded	08/16/2013 08/17/2015 106520.00
<203>	Total Mobility Fund Support Disbursed	101715.95
<210> <211>	Actual Completion Date Project Status Description (attached)	07/08/2015 448019_PSD_TX.pdf {Name of PDF attached}
<212> <213> <214> <215> <215> <216> <217>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?) 3G

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OMB Control No. 3060-1185 Page 7 of 8
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<010>	Study Area Code	448019
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Texas 10, LLC

Signature of Authorized Officer: CERTIFIED ONLINE

Printed name of Authorized Officer: Chad Strausbaugh

Title or position of Authorized Officer: Staff Counsel

Telephone number of Authorized Officer: 6105356474 ext.

Study Area Code of Reporting Carrier: 448019 Filing Due Date for this form: 07/02/2018

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Date 06/29/2018

(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB
	OMB Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	448019
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbauqh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

l certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and d	is authorized to submit the information reported on behalf of the reporting carr consibilities include ensuring the accuracy of the data reporting requirements provided to the authorized provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	ized to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
as agent for the reporting carrier, certify that I am author	rized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I carrier; and, to the best of my knowledge, the information reported herein is accurate.	have provided the data
lame of Reporting Carrier:		
lame of Authorized Agent Firm:		
ignature of Authorized Agent or Employee of Agent:	Date:	
lame of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Agent		
elephone number of Authorized Agent or Employee of Ag	ent:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

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LOBO	Coverso	e and Pei	formance	Keport
11000	COACIOD		A 100 CO.	

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

Study Area Code	448019
	Texas 10, LLC
	2018
	Chad Strausbaugh
Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
Coverage and Performance Report Year	08/2017 - 07/2018
	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Coverage and Performance Report Year

<a2> <a3> <b1> <b2> <b3> <<c1> <<c2> <c3> <d> <a1> Certify that **Total Road** Coverage and **Road Miles Total Resident** Resident Miles Performacne per Census Road Miles covered per Population Resident Population data is uploaded Block Newly Newly Reached by Service per Census Census Block Population per Reached by (yes/no) Reached Census Block Census Block Service Block State County Nacogdoche s 0000 Yes 0.0 0 0 0.0 ТX 0.0

> Percentage of Total Population Reached by Service

0		

Percentage of Total Road Miles covered by Service

0			

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448019

County/State: Nacogdoches, TX Total Award Amount: \$106,520.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

			FCC Form
Mobility	Fund		Approved by OMB
	§54.1009 Annual Reporting		OMB 3060-1185
	lection Form		Avg. Burden Estimate per Respondent: 18 Hours
Data Coi	iection i orini		
<010>	Study Area Code	448020	
	Study Area Name	Texas 10, LLC	Accepted / Filed
<020>	Program Year	2018	a too prod / / nod
<030>		Chad Strausbaugh	JUN 292018
<035>		6105356474 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N) <040> (•
		Later to the second sec	<041>
	<041> Attach a description of the documents file	ed with the Form 481 reporting	(041)
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or No)	\circ

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
			448020	
<010>	Study Area Code		Texas 10, LLC	
<015>	Study Area Name		2018	
<020> <030>	Program Year Contact Name - Person USAC should contact regarding to	this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif	ied in data line <030>	cstrausbaugh@cellonenation.com	-
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	900 West Valley Roa	ad, Suite 600	
<114>	City	Wayne		
<115>	State	PA		
<116> <117>	Zip-Code Telephone Number	19087		
		6105356474 ext.		
<118> <119>	Fax Number Email Address	6106885209		
<113×	Email Address	cstrausbaugh@cellor	nenation.com	
<pre><120> <121> <122> <122> <123> <124> <125> <126> <127> <126> <127> <128></pre>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	Chad Strausbaudh Texas 10, LLC 900 West Valley Ros Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cellor		
Authorize	ed Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address	·		
/130 >	Lindii Addiess			

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(060) Co	verage and Performance Report	Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8	
<010>	Study Area Code	448020	
<015>	Study Area Name	Texas 10, LLC	_
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2017 - 07/2018		
	448020_CPRd	TX.zip	

Coverage and Performace attachments

Percentage of Total

Population Reached by

Service

<d> <u><c3></u> <b3> <c2> <b2> <a2> <a3> <b1> <c1> <141> Total Certify that Road Road Miles Coverage and Miles per Road Total Resident | Miles Census covered Performance data Resident Population is uploaded Block per Resident Population per (Yes/no) Census Population per **Newly Reached** Reached by Census Newly Block Service Block Reached Census Block Census Block by Service State County -- See attached worksheet

> Percentage of Total Road Miles covered

> > by Service

	CC Form 690
(070) Urban Rate Comparability Certification Compliance	
	Approved by OMB
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	Page 4 of 8

<010>	Study Area Code	448020
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

(Certification of Officer or E	mployee as to Compliance with 47 CFR §54.1009(a)(4)
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formand in any attachments is accurate.			
Name of Reporting Carrier: Texa	as 10, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/29/2018
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448020	Filing Due Date for this form: 07/02/2018	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Logrify that (Name of Agent)	rize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting eporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the rts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am authori data provided by the reporting carrier; and, to the best of m	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on y knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Ager	t:
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

080) Triba	il Lands Reporting		23 (Acc.)	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448020	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified i		••	
<039>	Contact Email Address - Email Address of person identified	in data line <0:	30> cstrausbaugh@cellonenation.c	COM
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
-115	Tribal Government Engagement Obligation			
<145>		ame of Attached L	Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, No,		e) for	
	each of these boxes to confirm the status described on the			
	PDF, on line 145, demonstrates coordination with the Trib government pursuant to § 54.1004 includes:	aı		
	government pursuant to 3 34.1004 medacs.			
			Select	
			(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a focus community anchor institutions;	on Tribal		
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>				
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes			

.

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690 Approved by OMB
		OM8 Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	448020
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030:	> cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	99995.36
<203>	Total Mobility Fund Support Disbursed	95815.55
<210>	Actual Completion Date	06/23/2015
-2115	Drainet Status Description (attached)	448020_PSD_TX.pdf
<211>	Project Status Description (attached)	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The informatio	n
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	- ✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	1
<218>	Network will Support 3G/4G Mobile Service ?	3

(401) Cartification Deporting Corrier	FCC Form 690
(101) Certification - Reporting Carrier	1,001,0111,000
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	A
	Approved by OMB
	OMB Control No. 3060-1185
	Page 7 of 8
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<010>	Study Area Code	448020
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the less of my knowledge, the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier: Texas 10, LLC		
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/29/2018	
Printed name of Authorized Officer: Chad Strausbaugh		
Fitle or position of Authorized Officer:		
Felephone number of Authorized Officer: 6105356474 ext.		
Study Area Code of Reporting Carrier: 448020	Filing Due Date for this form: 07/02/2018	

(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
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<010>	Study Area Code	448020
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; m agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on behalf of the reresponsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent in accuracy.	
agent; and, to the best of my knowledge, the reports and	ata provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	rized to File for Mobility Fund Recipients on Behalf of Rep	orting Carrier
	orized to submit the reports for Mobility Fund recipients on behalf carrier; and, to the best of my knowledge, the information reporte	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		- Wild
Telephone number of Authorized Agent or Employee of Ag	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

(060) Coverage and Performance Report

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448020
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
	Nacogdoche		0	0	o		0.0	0.0	Yes
ΤX	s		10	0		0.0	0.0	0.0	
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Percentage of
Total Population
Reached by
Service

0			

Percentage of Tota
Road Miles covered
by Service

0			

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448020

County/State: Nacogdoches, TX Total Award Amount: \$99,995.36

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

				FCC Form Approved by OMB
Mobility				OMB 3060-1185
i	§54.1009 Annual Reporting lection Form		Avg. Burde	Estimate per Respondent: 18 Hours
Data Coi	rection (offi			
<010>	Study Area Code	448022		
<015>	Study Area Name	Texas 10, LLC	and the second s	Accepted / Filed
<020>	Program Year	2018		JUN 2 9 2018
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		Federal Communications Commission
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		_
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y,	<u>/N)</u> <040>	•
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Cari	ler Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448022	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<035> <039>	Contact Telephone Number - Number of person identi		6105356474 ext.	
	Contact Email Address - Email Address of person ident Carrier / Mobility Fund Phase 1 Winning Bidder	ined in data line <050>	cstrausbauqh@cellonenation.com	
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name		1 - 1 × 11 × 11 × 11 × 11 × 11 × 11 × 1	
<113>	Street Address (or PO Box)	Texas 10, LLC	and the coo	10 T
		900 West Valley Roa	au, suite ess	
<114>	City			
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellor	nenation.com	
<120> <121> <122> <123>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City	Chad Strausbauch Texas 10, LLC 900 West Valley Roa	d Suite 600	
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellon	enation.com	
<u>Authorize</u>	d Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address		- 100 - 100	
/130 >	Linan Address			

(060) Co	verage and Performance Report.		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8	
<010>	Study Area Code	448022		
<015>	Study Area Name	Texas 10, LLC		
<020>	Program Year	2018		
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh)> 6105356474 ext.		
<035>	Contact Telephone Number - Number of person identified in data line <030>			
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com		
<140>	Coverage and Performance Report Year 08/2017 - 07/2018			
	448022_CPRd	TX.zip		

Coverage and Performace attachments

<a3> <b1> <b2> <b2> <c1> <c2> <141> <c3> <d> Total Road Road Certify that Road Miles per Miles Coverage and Resident Total Resident Miles Census covered Performance data Resident Population Population per Block per is uploaded Population per Newly Reached Reached by Census Newly Census (Yes/no) State County Census Block Census Block by Service Service Block Reached Block -- \$ee attached worksheet Percentage of Total Percentage of Total Population Reached by Road Miles covered Service by Service

(070) Urban Rate Comparability Certification Compliance FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
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<010>	Study Area Code	448022
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)				
l certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my resp	onsibilities include ensuring compliance	with 47 CFR §54.1009	(a)(4), the information reported on this
Name of Reporting Carrier: Texa	s 10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/29/2018
Printed name of Authorized Officer:	Chad Strausbaugh			
itle or position of Authorized Officer:	Staff Counsel			
elephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448022	Filing Due Date for this form:	07/02/2018	·

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

is authorized to submit the information reported on behalf of the reporting y responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the ded to the authorized agent is accurate.
Date:
The same of the sa
Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier			
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier:				
lame of Authorized Agent Firm:				
ignature of Authorized Agent or Employee of Agent:	Date:			
Name of Authorized Agent Employee:				
itle or position of Authorized Agent or Employee of Agent				
elephone number of Authorized Agent or Employee of Agent				
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:	***		

(080) Trib	al Lands Reporting			
1327,				FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code			
<015>	Study Area Code Study Area Name		448022	
<020>	Program Year		Texas 10, LLC	
<030>	Contact Name - Person USAC should contact recording	Al-t- d. A	2018	
<035>	Contact Name - Person USAC should contact regarding	this data	Chad Strausbaugh	
<039>	Contact Telephone Number - Number of person identifi	ied in data line <030>	6105356474 ext.	
<u> </u>	Contact Email Address - Email Address of person identif	fied in data line <030>	cstrausbaugh@cellonenation.com	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docume	nt (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Select (Yes, No, Not Applicable)
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project Update Information FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8 <010> Study Area Code 448022 <015> Study Area Name Texas 10, LLC <020> Program Year 2018 <030> Contact Name - Person USAC should contact regarding this data Chad Strausbaugh Contact Telephone Number - Number of person identified in data line <030> 6105356474 ext. <035> Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com <039> <200> Date Authorized to Receive Support 08/16/2013 <201> Targeted Completion Date 08/17/2015 <202> **Total Mobility Fund Support Awarded** 55220.00 <203> **Total Mobility Fund Support Disbursed** 52817.93 <210> **Actual Completion Date** 07/29/2015 <211> Project Status Description (attached) 448022 PSD TX.pdf {Name of PDF attached} Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. Status of Network Deployment - Network Design <212> <213> Status of Network Deployment - Construction <214> Status of Network Deployment - Deployment J Status of Network Deployment - Maintenance <215> 7 <216> **Project Budget Status** <217> **Project Plan Status** <218> Network will Support 3G/4G Mobile Service? (•) 3G

	(101) Certification - Reporting Carrier FCC Form 690 Approved by OMB OMB Control No. 3060-11 Page 7 of 8	.85
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<010>	Study Area Code	448022
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Texas 10, LLC Name of Reporting Carrier: CERTIFIED ONLINE Date 06/29/2018 Signature of Authorized Officer: Chad Strausbaugh Printed name of Authorized Officer: Staff Counsel Title or position of Authorized Officer: 6105356474 ext. Telephone number of Authorized Officer: Filing Due Date for this form: 07/02/2018 Study Area Code of Reporting Carrier: 448022 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier	TCCT
(202) certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Ump Cultury NV. 3000-1103
	Dec. 9 of 9
	Page 8 of 8

<010>	Study Area Code	448022
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

ertify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I so certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized lent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date:				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of I	Reporting Carrier
	orized to submit the reports for Mobility Fund recipients on beh carrier; and, to the best of my knowledge, the information repo	
Name of Reporting Carrier:	7.77	To the second se
Name of Authorized Agent Firm:		N-2
Signature of Authorized Agent or Employee of Agent:	**	Date:
Name of Authorized Agent Employee:		· · · · · · · · · · · · · · · · · · ·
itle or position of Authorized Agent or Employee of Agen	t	
elephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

(060) Covera		

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448022
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>		08/2017 - 07/2018

Certify that **Total Road** Coverage and Performacne Road Miles **Total Resident** Resident Miles per Census Population **Road Miles** covered per Population data is uploaded Resident Newly Reached by Service per Census **Block Newly** Reached by Census Block Population per (yes/no) Block Reached Service Census Block Census Block County Census
Nacogdoche 0000 State Yes 0.0 0 0.0 ТX

> Percentage of Total Population Reached by Service

_	_	_	
0			

Percentage of Total Road Miles covered by Service

0			

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448022

County/State: Nacogdoches, TX Total Award Amount: \$55,220.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

		Annual Control of the		FCC Form
Mobility				Approved by OMB OMB 3060-1185
	§54.1009 Annual Reporting lection Form		Avg. Burd	en Estimate per Respondent: 18 Hours
	Study Area Code	448023		
	Study Area Name	Texas 10, LLC		Accepted / Filed
<020>	Program Year	2018		71000p.00
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		JUN 29 2018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		Federal Communications Commissio Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/I	<u>v)</u> <040>	•
	<041> Attach a description of the documents fil	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area co	ver tribal lands? Yes or No)	\circ	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carri	er Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
				Fage 2 U G
			448023	
<010>	Study Area Code		Texas 10, LLC	
<015>	Study Area Name		2018	
<020> <030>	Program Year Contact Name - Person USAC should contact regarding th	is data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie	d in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>		17235110		
<111>		Texas 10, LLC		
		Texas 10, LLC		
<112>		900 West Valley Roa	ad, Suite 600	
<113>	Street Address for the Bowy	Wayne		
<114>	City .			
<115>	State	PA		
<116>	Zip-code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cello	nenation.com	
<120> <121> <122> <123>	Filing Carrier Name	Chad Strausbaugh Texas 10, LLC 900 West Valley Ro	ad. Suite 600	
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellc	onenation.com	
	ted Agent Information if no agent, indicate in this box			
<130>				
<131>	·			
<132>				
<133>				
<134>				
<135>				
<136>				
<137	> Fax Number			
<138	> Email Address			

(060) Co	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448023	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2017 - 07/2018		
	448023_CPRd	_TX.zip	

Coverage and Performace attachments

_≪	a1> <a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
			Resident Population per	Resident Population Newly Reached		Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance is uploaded (Yes/no)
Sta	ate County	Census Block	Census Block	by Service	Service	BIOCK	Neacheu	BIOCK	
-	_								
-									
			;	See attach	ed works	heet		ļ	
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<u> </u>		_	 		 	 			
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L	<u>-</u> <u>-</u>		<u> </u>						
			10	٦			0		
		entage of Total tion Reached by			Percentage Road Miles				
	6 4.0	Service			by Sen	vice			

	303.
FCC Form 690	6.5
(070) Urban Rate Comparability Certification Compliance	W.
Approved by OMB	100
OMB Control No. 3060-1185	
UMB CONTO NO. 3000 XXXX	
Page 4 of 8	
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	o. A Aug Cada	448023
<010>_	Study Area Code	Texas 10, LLC
<015>	Study Area Name	2018
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
*030>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<039>	Contact Email Address - Email Address of Person to	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

		ployee as to Compliance with 47 CFR §54.1009(a)(4)		
ertify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this remained in any attachments is accurate.				
lame of Reporting Carrier: Texa	s 10, LLC			
ignature of Authorized Officer:	CERTIFIED ONLINE	Date 06/29/2018		
Printed name of Authorized Officer:	Chad Strausbaugh			
itle or position of Authorized Officer:	Staff Counsel			
elephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448023	Filing Due Date for this form: 07/02/2018		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Cartification of Officer or Employee to authorize	an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
	rting carrier: my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
Name of Authorized Agent:	
Name of Reporting Carrier:	Date:
Signature of Authorized Officer or Employee:	Dutc.
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	Filing Due Date for this form:
December 11 the state of the state of the form can be put	nished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment der Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to	File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
les agent for the reporting carrier, certify that I am authorized to	o submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on
data provided by the reporting carrier; and, to the best of my kno	wledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	Date:
Signature of Authorized Agent or Employee of Agent:	
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
3.00/10/30 12 12 12 12 12 12 12 12 12 12 12 12 12	unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under

080) Triba	I Lands Reporting			FCC Form 690 Approved by OMB
				OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448023	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this of	data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in	n data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified i	in data line <030>	cstrausbaugh@cellonenation.co	m
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
	Г			
<145>	Tribal Government Engagement Obligation			
	N	lame of Attached Docui	nent (.pdf)	
	If your company serves Tribal lands, please select (Yes, No, each of these boxes to confirm the status described on the PDF, on line 145, demonstrates coordination with the Trib government pursuant to § 54.1004 includes:	e attached	or	
		_		
		1	Select	
<146>			es, No, Not Applicable)	
	community anchor institutions;			
<147>		<u> </u>		
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Ose permitting requirements			

Compliance with Facilities Siting rules

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

<154> Compliance with Tribal Business and Licensing requirements.

<151>

<152>

<153>

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448023
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013 08/17/2015
<201>	Targeted Completion Date	211800.00
<202>	Total Mobility Fund Support Awarded	211800.00
<203>	Total Mobility Fund Support Disbursed	205149.48
<210> <211>	Actual Completion Date Project Status Description (attached)	08/07/2015 448023_PSD_TX.pdf
<212> <213> <214> <215> <216> <217>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status Project Plan Status	{Name of PDF attached}
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

	Sec. 2017 Sept. 198
POOT COA	02385-80 Excel
FCC Form 690	2000 0000000000000000000000000000000000
101) Certification - Reporting Carrier	4.70
1011 CERTIFICATION - Reporting Course.	\$345.00 Per 1983
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	426.000
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	Sec. 10.7. 10.00
Page 7 of 8	A 100 (A 100 A
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<010>	Study Area Code	448023
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
_<030>	Contact Name - Person OSAC should contact regarding this data line (020)	6105356474 ext.
_<035>	Contact Telephone Number - Number of person identified in data line <030>	cstrausbaugh@cellonenation.com
<039>	Contact Email Address - Email Address of person identified in data line <030>	Cattauabaughacettonematton.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

		the Data Reported for Mobility Fund Recipients			
I certify that I am an officer of the reporting can best of my knowledge, the information reporte	ertify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the st of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texas 10, L	rc				
Signature of Authorized Officer:	IFIED ONLINE	Date 06/29/2018			
	Strausbaugh				
Title or position of Authorized Officer:	aff Counsel				
	6105356474 ext.				
	448023	Filing Due Date for this form: 07/02/2018			
Telephone number of Authorized Officer: Study Area Code of Reporting Carrier:	448023	Filing Due Date for this form: 07/02/2018 by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine le 18 of the United States Code, 18 U.S.C. § 1001.			

06/29/2018 Page 7

FCC	Form 690
Service of the Argon / Carrier	proved by OMB
(102) Certification - Agent / Carrier App	Moved by Olivia
OM	1B Control No. 3060-1185
Pas	ze 8 of 8

		448023
	Study Area Code	Texas 10, LLC
<015>	Study Area Name	2018
<020>	Program Year	Chad Strausbaugh
<030>	Ctest Name - Person IISAL Should Collect regarding this data	
00.5:	Contact Tolophone Number - Number of person identified in data line <0302	
<039>	Contact Felephone Hames Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
-033×	CONTROL	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting carrier.						
I certify that (Name of Agent), also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on some intermedial reported on some is authorized y responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized data provided to the authorized agent is accurate.					
Name of Authorized Agent:						
Name of Reporting Carrier:	Date:					
Signature of Authorized Officer:						
Printed name of Authorized Officer:						
Title or position of Authorized Officer:						
Telephone number of Authorized Officer:						
	Filing Due Date for this form: an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

rier; I have provided the data
Date:
03(b), or fine or imprisonment under Titl
5

Attachments

060								

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

	Starta Area Codo	448023
	Study Area Code	Texas 10, LLC
<015>	Study Area Name	
	Program Year	2018
<u> </u>	Program real	Chad Strausbaugh
<030>	Contact Name - Person USAC should contact regarding this data	6105356474 ext.
<035>	Contact Telephone Number - Number of person identified in data line <030>	
	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<039>	Contact Email Address - Email Address of person detailed	08/2017 - 07/2018
<140>	Coverage and Performance Report Year	00/2017 - 01/2010

Certify that **Total Road** Coverage and **Road Miles** Miles Total Resident Performacne Resident per Census covered per Population **Road Miles** data is uploaded Population Resident Census Block Block Newly per Census Newly Reached Reached by (yes/no) Population per Reached Block by Service Service Census Block Census Block County State Yes Nacogdoche 0000 0.0 0 0.0 0.0 0 TX

> Percentage of Total Population Reached by Service

0		
i		
ļ		

Percentage of Total Road Miles covered by Service

0		

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.